

# **Commission on Aging Stakeholders Meeting May 18, 2010**

## **Summary**

The purpose of this Stakeholders meeting was to:

- Create an opportunity for attendees to begin partnership relationships that will ultimately extend marketing and provision of services to the County's older adult population.
- Identify issues and ways in which the Commission can successfully advocate for older adults.

Over 39 individuals attended this Stakeholders Meeting. Participants expressed the need for an Aging Policy in Montgomery County and for the groups to work together to develop a coordinated message and then to present a united front in conveying that message to County leaders. They asked the Commission on Aging to act as a clearinghouse for coordinating partnership relationships between the nonprofit and for profit (business) segments of the community and to be the central voice for advocacy on behalf of seniors.

Prior to the meeting, invitees were asked to identify the challenges (other than economic) they faced in providing services to seniors. At the meeting additional challenges were identified, followed by small group discussions of possible solutions. The following is a summary of the challenges and possible solutions in each of the four areas attendees had identified – Transportation, Senior Centers, Mental Health and Aging at Home.

## **Transportation**

### **Challenges:**

- Lack of information about options
- Limiting factors of public transportation
  - Transportation for very old (85+)
  - Resistance to using public transportation
  - Difficulty getting on and off public transportation
  - Desire to “go” when they want to “go”
  - No public transportation in far suburbs
  - Location of bus stops
- Navigation for people with limited English
- Need for travel training
- Giving up license

- Women give up driving too soon and men too late
- Urban planning/design overlay
- Growing number of services are brought to seniors
- Limited alternatives to public transportation
- Oversight and insurance of private drivers.
- Time factor – waiting; cancellations at point of pick up
- Do we know the need?

### **Solutions:**

- Information dissemination
  - Special focus on other languages
  - Make it relevant and appropriate
  - Dissemination methods are important
  - Education on alternatives, including costs and access
- Education/Motivation
  - Encourage people to use transportation and mobilize them to get out
  - Educate seniors, family and providers to help them understand the need to give up license, destigmatize the loss of the license, and appreciate available alternatives for transportation needs.
- Drivers
  - Enable relationship building between drivers and riders
  - Find ways to increase cadre of volunteer drivers
  - Create incentives for volunteer drivers and direct them to existing volunteer transportation programs; find ways to support them by improving reimbursement rates
  - Research availability of liability insurance
- Acknowledge the interrelated nature of issues
- Study how existing regulations affect service provision

## **Senior Centers**

### **Challenges:**

- Staffing - Dissolution of senior teams; limited or no senior programming
- No voice for senior programs within the Recreation Department
- General maintenance
- Equipment maintenance
- Inadequate supplies
- Need for staff or volunteers to provide exercise training
- Helping seniors and families recognize changing behavior and possibility of needing protective care
- Introduction and acceptance of intergenerational programming

- Decrease in cultural diversity within typical senior center due to many groups attending facilities that are programmed specific to that cultural group
- Attracting younger seniors
- Appearance of the facility
- Image of “What is a senior center, who is it for, what are the benefits?”
- Developing partnerships with external organizations who can provide services
- The loss of program time and the wear and tear on the facility when Senior Centers are used for rental facilities to generate revenue?
- Issues around change:
  - Is current model of Senior Centers still working?
  - How to encourage others to accept the need for CHANGE (Helen said to put in big letters)?
  - Does the name ‘Senior Center’ discourage younger seniors from joining?
  - Do we need to research new models including those that are not facility-based?
  - How can we update the perception of Senior Centers, their purpose and benefits?
  - Consider ways that Senior Centers can become more ageless and multi-purpose.

### **Solutions:**

- Aging and Disability Services staff needs to be more visible at Senior Centers
- Partner with other providers, such as Montgomery College and local hospitals
- Use College Interns
- Promote intergenerational activities
- Partner with other seniors centers so events or programs can benefit by shared staff
- Develop volunteer base
- Become more ‘ageless’
- Research communities throughout the country who are successful with their budgets as well as transitioning to attract younger seniors
- Attract younger seniors through:
  - Types of programs
  - Image
  - Fees
  - Lifelong learning
- Prioritize use of funds
- Change the model
  - Accept that we need to change
  - Change the name
  - Change the hours
  - Find out what’s working in other communities
- Improve PR

## **Mental Health**

### **Challenges**

- Profound under-recognition of need for services
  - Lack of awareness about what mental status changes mean and what to do about them
  - Difficulty knowing when help is needed
- Lack of information about options
- Decrease in County referrals and referrals from senior service providers
- Stigma about mental health services
  - General fear and hesitation: “What others will think if I get counseling?”
  - Lack of understanding of the value of counseling
  - Costs of counseling: few providers accept insurance; co-pays are high, little availability of individual subsidies
- Medical professional issues
  - Lack of awareness, training, comfort level of medical professionals
  - Time constraints may prohibit physicians and other medical professionals from engaging in lengthy conversations about mental health issues and needs, primary care physicians and other health care professionals are not reimbursed for time spent discussing mental health needs
  - Fragmented care coordination (psychiatry/medical coordination)
- Access to services – lack of providers, reimbursement, time constraints
- More people in need than programs/providers can support
- What is most effective – helping those most in need or most people?
- General mental health issues are most prominent
  - Isolation
  - Anxiety and depression lead to physical decline
  - Grief/identity loss at early stage – discussing losses as part of aging
- Compliance issues
- Medication issues including costs
- Multi-cultural issues
- Lack of inpatient resources
- Many diffuse programs
- How do we align resources?
- Cost per capita
- Focus on short-term goals
- Questions about Montgomery County’s position on seniors and mental health

### **Solutions**

- Reaching physicians is important
- Focus on wellness
- Needs assessment –outcomes – prevention
- Mental health screening should be a standard assessment, like blood pressure
- Design care delivery to make more efficient
- Develop a position – a white paper
- Health care culture – incorporate mental health screening in all medical contacts

- Create a list of recommendations for providers and distribute
- Form a County-based Mental Health group to focus on senior concerns
- Electronic personal health records
- More information about best practices
- Look to other communities and countries
- Revisit Senior Summit Plan and goals
- Meet in the future to develop an implementation strategy including short and long-term goals.
  - Include Council members.

Group members are interested in participating in a County-based workgroup/coalition focused on the following:

- Developing a County position and white paper related to mental health services for seniors and in general;
- Conducting a needs assessment and examining best practices locally and in other communities; And
- Creating a list of recommendations that would be shared with County health care providers.

## **Aging at Home**

### **Challenges**

- Financial
  - Affordability of home -based services
  - Affordable housing
- Caregiver
  - Need for respite care
  - Support for informal caregivers – family and friends
- Changes in status
  - Increased need for medical intervention
  - Helping seniors and families recognize need for protective care
- Services
  - Lack of information about services
  - Enforcement of regulations for service provision
  - Using active technology to facilitate people staying safely at home
  - Safety improvements/universal design
  - Need volunteers to handle personal finances
  - Denial of need for services by individual and family/ stigma attached to taking them
  - Need for non-medical/custodial care
  - Care /service coordination
  - Senior Centers/ Adult Day Programs

- Behavioral issues
  - Hoarding concerns
  - Isolation, particularly for non-English speakers
  - Mental health issues/ dementia
  - Financial exploitation
- Information issues
  - Knowing how to marshal community resources
  - Information about reliable organizations
  - Information service coordination
- Options
  - Village concept
- General
  - Training of EMT responders
  - Fear of vendor victimization
  - Wellness focus reduces risk
  - Financial issues related to public policies
  - End of life information
  - Need for best practice information

#### Solutions

- Villages – need funding to coordinate formation and continuation
- Meld politics and policy to ensure that seniors are a priority
- Create new ways to raise voices of seniors
- Partnership between Commission on Aging and GROWS
- Get commitment of service providers
- Ensure that seniors' voice is heard
- Get public buy-in
- Determine best practices
- Create advocacy coalition
- Education and advocacy are critical